

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Attorney Geraldine S. Roberts		2. PHONE NUMBER (304) 623-3035		3. DATE 3/3/2014	
4. MAILING ADDRESS McNeer, Highland, McMunn & Varner; P.O. Drawer 2040		5. CITY Clarksburg		6. STATE WV	7. ZIP CODE 26302
8. CASE NUMBER 1:09cv87	9. JUDGE Irene M. Keeley	DATES OF PROCEEDINGS			
		10. FROM 7/19/2013		11. TO 7/19/2013	
12. CASE NAME Dey v Teva		LOCATION OF PROCEEDINGS			
		13. CITY Clarksburg		14. STATE WV	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Final Pretrial Conference	
<input type="checkbox"/> BAIL HEARING				July 19, 2013	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES	75.00	67.50
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	67.50
18. SIGNATURE /s/ Geraldine Roberts				PROCESSED BY	
19. DATE 3/3/2014				PHONE NUMBER (304) 282-0395	
TRANSCRIPT TO BE PREPARED BY Linda Bachman P.O. Box 969, Clarksburg, WV 26302				COURT ADDRESS	
ORDER RECEIVED	DATE 3/3/2014	BY LB			
DEPOSIT PAID				DEPOSIT PAID	0.00
TRANSCRIPT ORDERED	3/3/2014			TOTAL CHARGES	67.50
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT	3/3/2014			TOTAL DUE	67.50

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY